

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/26/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G327		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 08/25/2011	
NAME OF PROVIDER OR SUPPLIER COMMUNITY LIVING INC				STREET ADDRESS, CITY, STATE, ZIP CODE 417 N ASH ST BUTLER, IN46721			
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Survey dates: August 22, 23, 24, and 25, 2011</p> <p>Facility Number: 000845 Provider Number: 15G327 AIMS Number: 100243810</p> <p>Surveyor: Kathy Craig, Medical Surveyor III</p> <p>The following deficiencies also reflect state findings under 431 IAC 1.1. Quality Review completed 9/6/11 by Ruth Shackelford, Medical Surveyor III.</p>			W0000			
W0104	<p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview, for 6 of 6 clients (clients #1, #2, #3, #4, #5, and #6) who resided in the home, the governing body failed to exercise operating direction over the group home</p>			W0104	<p>W 104 483.410(a)(1) GOVERNING BODY</p> <p>The governing body exercises</p>		09/23/2011

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>to ensure maintenance needs were addressed.</p> <p>Findings include:</p> <p>Observations were conducted at the group home where clients #1, #2, #3, #4, #5, and #6 resided on 8/22/11 from 4:00 PM to 6:15 PM. The following observations of the environment in the home included:</p> <ol style="list-style-type: none"> 1. Cabinets under the sink were worn and had chipped wood. 2. One squeaky kitchen drawer by the sink. 3. Kitchen counter tops were worn with scratches on them. 4. Client #4 and #5's bedroom had numerous dark stains on their light carpet. 5. Client #1 and #3's bedroom wall by the light switch had 29 pin sized holes on it 6. Hallway carpet was stained throughout and worn. 7. Eight dining room chairs were worn with scratches all over them and the backs wobbly--one of the chair backs was broken. 8. The blue couch had stains and it had a substance on the left side, under the arm, and it had stained arms (interview on 8/22/11 at 4:30 PM with client #3 stated the substance on the side of the couch was "someone picking their nose." Interview with house manager on 8/22/11 at 4:31 PM indicated the maintenance man had told him that was not what that was on the side of the couch.) Also, there was a matching blue chair with stains all over it. 9. Two chairs in family room were scratched. 10. The small wooden table in the family room was wobbly. 11. The white trim on the doorway by the refrigerator had chipped paint on the bottom and was stained. 12. Microwave stand was worn and had chipped 				<p>general policy, budget, and operating direction over the facility.</p> <p>System to Prevent Recurrence:</p> <p>The Quality Assurance Team reviewed this citation and the environmental concerns which have arisen in this facility. The existing procedure to correct environmental needs places the responsibility on the house manager to identify and to request improvements, repairs, and replacement of furniture through the process of work orders to maintenance and to the QA Team, itself. In addition, the QMRP is responsible for assuring that the environmental aspects of the facility are up to date and within agency guidelines. Although this has been the procedure for twenty-five years and has generally proved successful, the process somehow broke down during the past year in this home. The QA Team feels that it is necessary to incorporate another layer of checks and balances into the system which will safeguard and prevent future lapses. The Agency uses an environmental checklist for the</p>		

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	<p>wood pieces.</p> <p>Interview on 8/22/11 at 4:10 PM with the house manager was conducted. He stated he thinks "the cabinets are probably 24 years old." He indicated they had been worked on in the past. The house manager indicated he agreed the above-mentioned items needed to be repaired or replaced.</p> <p>Interview on 8/23/11 at 12:50 PM with the QMRP (Qualified Mental Retardation Professional) was conducted. She indicated she did not know if there were any maintenance requests for the group home and she did not know how often the carpet and furniture were cleaned.</p> <p>Interview on 8/24/11 at 11:45 AM with the house manager was conducted. He indicated there were no maintenance requests put in for the above items except for a previous client's bedroom walls to be painted when he moved out (which would be client #1 and #3's bedroom now).</p> <p>1.1-3-1(a)</p>				<p>non-Medicaid services provided to Waiver Consumers, and it is believed that the use of the 90 day checklist will prevent recurrence in this home and in the other group homes. The maintenance director will perform the environmental survey every 90 days using the Environmental Checklist. In addition, house managers, QMRP's and management staff will have the checklist available to report on the physical environmental needs of the homes, as they occur. Maintenance will be responsible for repairs and upkeep, and requests for replacing furniture and appliances will be forwarded with the checklist to the QA Team which convenes weekly.</p> <p>Responsible: CEO, QA Team</p> <p>Completed: 09/13/2011</p> <p>1. All environmental findings, including furniture, counter top, and flooring replacement, cited during the observation of 8/22/11 have been corrected.</p>		

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W0322	<p>The facility must provide or obtain preventive and general medical care.</p> <p>Based on record review and interview, the facility failed for 1 of 3 sampled clients (client #2) by not ensuring he received preventive prostate care.</p> <p>Findings include:</p> <p>Review on 8/23/11 at 11:50 AM of client #2's records was conducted. Client #2's ISP (Individual Support Plan) dated 10/25/10 indicated client #2 was 56 years of age. There was no PSA (prostate lab test) in his record. Client #2's annual physical dated 9/29/10 indicated "males after age 50 PSA test yearly." It was not checked at the physical exam and no</p>			W0322	<p>Responsible: Maintenance</p> <p>Completed: 09/23/2011</p> <p>2. An environmental checklist is developed to be used every 90 days by maintenance staff.</p> <p>Responsible: CEO</p> <p>Completed: 09/13/2011</p> <p>W322 483.460(A)(3) PHYSICIAN SERVICES The facility provides and obtains preventative and general medical care. System to Prevent Recurrence: The QA Team reviewed this finding and believes that the usual agency practice of testing the PSA of male Consumers over the age of fifty did not occur because Client#2 was a new resident and the PSA test was overlooked in the initial physical exam done by the Client's own physician given prior to the Client's moving into the home. Our Residential staff are trained to request the PSA during the routine annual physical exam for males over fifty and the Team is</p>		09/13/2011

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W0455	<p>record was available for review of a PSA test being done since client turned 50 years old.</p> <p>Interview on 8/23/11 at 12:50 PM with the QMRP (Qualified Mental Retardation Professional) was conducted. She indicated she didn't believe client #2 has had a PSA.</p> <p>1.1-3-6(a)</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases. Based on observation and interview, the facility failed for 2 of 3 sampled clients (clients #1 and #2) by not ensuring they used proper sanitation methods while cooking or setting the table.</p> <p>Findings include:</p> <p>Observations were conducted on 8/22/11 from 4:00 PM to 6:15 PM at the group home. Client #1 got out a bag of frozen chicken nuggets and poured them onto a baking pan, using his bare hands to scrape some of them onto the pan. Client #1 had not washed his hands before handling the food and there was no prompting from</p>			W0455	<p>confident that the PSA would have been performed at the next annual physical exam, but the process broke down during this instance when the physical was obtained before the regular staff were involved. The QA team believes that recurrence of this lapse will be prevented by having the agency nurse attach a note to the 450B physical exam form for any prospective male clients over the age of fifty years old. Responsible: QA Team Completed: 09/13/2011 1. A PSA exam for Client#2 is completed. Responsible: Team Leader Completed: 09/08/2011</p> <p>W455 483.470(L)(1) INFECTION CONTROL</p> <p>The Agency maintains an active program for the prevention, control, and investigation of infection and communicable diseases.</p> <p>System to Prevent Recurrence:</p> <p>The QA Team reviewed this citation and concluded that it was</p>		09/16/2011

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	<p>staff #1 to wash them. Client #1 indicated at 5:30 PM that he had not washed his hands first and then he proceeded to wash his hands. Client #2 set silverware on the table, touching the tops of some as he set them down. Client #2 also put his fingers inside the dessert bowls as he set them on the table.</p> <p>Interview on 8/23/11 at 12:50 PM with the QMRP (Qualified Mental Retardation Professional) was conducted. She indicated clients should be prompted to wash their hands before cooking and they should not touch the tops of silverware and inside bowls.</p> <p>1.1-3-7(a)</p>				<p>an issue of staff training and that it appears to be with a relatively new staff person, Staff#1. Clients #1 and #2 have demonstrated previous independence in these areas, but may need prompting on occasion. There was a failure by this staff person to follow training guidelines established for the supervision of cooking and table setting. Although this appears to be an isolated problem, the QMRP's were given training in techniques to observe staff throughout the agency during meal preparation times, and to re-emphasize with all staff the need to follow the training guidelines for ensuring proper sanitation methods are used. Given the past training for the H1N1 flu prevention techniques in particular, it was surprising that hand washing and the use of sanitation was not employed or prompted during the meal prep. The H1N1 training citing hand cleaning and the use of sanitation agents is to be emphasized in orientation training to ensure that this issue does not recur.</p> <p>Responsible: CEO</p>		

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W0488	<p>The facility must assure that each client eats in a manner consistent with his or her developmental level. Based on observation, record review and interview, the facility failed for 1 additional client (client #4) by not ensuring he served himself his breakfast as independently as possible.</p> <p>Findings include:</p> <p>Observations were conducted at the group home on 8/22/11 from 4:00 PM to 6:15 PM. Client #4 was observed making himself instant coffee with the house manager's verbal prompting. Also, client #4 was observed to make himself a</p>			W0488	<p>Completed on: 09/13/2011</p> <p>1. Staff#1 is trained to employ the proper methods of supervising meal prep and table setting to ensure, that clients, with prompts by staff if necessary, are washing hands before meal prep and are using sanitary methods to set the table.</p> <p>Responsible: QMRP</p> <p>Completed: 09/16/2011</p> <p>W488 483.480(D)(4) DINING AREAS AND SERVICE The Agency assures that each client eats in a manner consistent with his or her developmental level. System to Prevent Recurrence: The QA Team reviewed this citation and concluded that it also appeared to be an issue of staff training and that it appears to be with the same relatively new staff person, Staff#1, who was cited in W455. There was a failure by this staff person to follow training guidelines established for the supervision of individuals preparing and cooking their own breakfasts as independently as</p>		09/16/2011

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	<p>sandwich with no assistance or prompting from staff.</p> <p>Observations were conducted at the group home on 8/23/11 from 6:28 AM to 7:45 AM. Staff #1 measured the water and heated it up in the microwave for client #4, who was not in the kitchen at this time. Staff #1 poured client #4's prune juice for him and mixed the heated water and the oatmeal in a bowl and set it on the table. Client #4 was not in the kitchen or dining room at this time. Then staff #1 stirred client #4's oatmeal for him as client #4 sat down to eat. Staff #1 did not prompt client #4 at all during this observation to make his oatmeal or pour his prune juice.</p> <p>Review on 8/23/11 at 12:30 PM of client #4's "Individual Supports and Assessment Planning Guide" dated 3/2/11 indicated client #4 could prepare a meal "with 1:1 (one-on-one) supervision." Under "Use appliances correctly" it indicated "Does skill independently, including self-initiates. . .: Under "Follows recipe", it indicated he "Knows skill; however, lacks motivation or interest and needs prompts." Under "Cooks and bakes to doneness", it indicated he "Completes skill with 1:1 supervision."</p> <p>Interview on 8/23/11 at 6:35 AM with</p>				<p>possible Although this appears to be an isolated problem with this individual staff person, the QMRP's were given training in techniques to observe staff throughout the agency during morning meal preparation times, and to re-emphasize with all staff the need to follow the training guidelines for ensuring that Consumers are as independent as possible. There is the question whether the breakfast was prepared for the client as a convenience for the staff or if the staff genuinely did not understand his role in the meal preparation in the mornings. Since convenience may also be a possibility of prompting other agency staff to do more for consumers in the mornings than needed, the QMRP's were given training in techniques to observe staff throughout the agency during morning meal preparation times, and to re-emphasize with all staff the need to follow the training guidelines for ensuring that each consumer eats and prepares breakfast in as independent manner as possible.</p> <p>Responsible: CEO Completed: 09/13/2011 1. Staff #1 is trained to allow and encourage each consumer to eat and prepare breakfast in as independent manner as possible.</p> <p>Responsible: QMRP Completed: 09/16/2011</p>		

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	<p>staff #1 was conducted. Staff #1 indicated client #4 couldn't make oatmeal himself.</p> <p>Interview on 8/24/11 at 11:45 AM with the house manager was conducted. The house manager stated client #4 needed prompts but was "not totally helpless." The house manager indicated client #4 could measure out water for the oatmeal and push the numbers on the microwave to heat the water. He also indicated client #4 could pour his own prune juice.</p> <p>1.1-3-8(a)</p>						